POSITION	INITIALS	ID NO.	DATE	
	11	00.005	15	
FEE DETERMINATION	14.14	12192	10/6/00	
O.I.P.E. CLASSIFIER	13	T. CCITT	11/12/18/5	
FORMALITY REVIEW	<u> </u>	4 goille	11111111	
RESPONSE FORMALITY REVIEW				_
(*	INDEX OF C	LAIMS		
·	Rejected	N		
J =	Allowed	A		
— (Through numeral)	Restricted	0		
Claim Date		Date	Claim Date	
= 2 2 2 C	Final		Tall	1.11
Final Original (1972) (Original		Final	
	51		101	
	52 53	 	102	+++
3 1 7 7 7 7	54	╅┼┼┼┼	104	+++
5	55		105	
6	56	┽┼┼┼┤┞	106	+++
7 8	58		108	
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13 1 1 1 1 1	63		113	
14	64		114	
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20 0	70 71	┤┤┤┤ ┤	121	+++
	72		122	
23 7 7 7	73		123	
25	74 75		125	
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2ñ -1 27 7 28	77		127	
29	78 79	- - - - 	128	+++
30 / / / /	80	- - - - - -	130	
31	81		131	
32	82		132	+++
33 34	84	 	134	
35	85		135	
	86	 	136	- - -
37 38	87 88	 	138	 -
39	89		139	
40	90		140	+++
41	91	 - 	141	+++
42 43	92 93		143	
44	94		144	
45	95		145	+++
46 47	96	- 	146	+++
48	98		148	+++

If more than 150 claims or 10 actions staple additional sheet her